

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004287942** File Number: **0000118823** Submit Date: **07/28/2020** Call Sign: **WIUM** Facility ID: **71791** City:

MACOMB State: IL

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 07/28/2020 Filing Status: Active

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WIUM/WIUW EEO Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WESTERN ILLINOIS UNIVERSITY Doing Business As: WESTERN ILLINOIS UNIVERSITY	1 UNIVERSITY CIRCLE MACOMB, IL 61455 United States	+1 (309) 298- 1104	ma-garrett@wiu. edu	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Howard Liberman Wilkinson Barker Knauer LLP	1800 M St NW Suite 800N Washington, DC 20036 United States	+1 (202) 383- 3373	hliberman@wbklaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
71791	WIUM	MACOMB	IL	No
71792	WIUW	WARSAW	IL	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Responsibility for Implementation

Program Report Questions

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Julie Murphy	Acting Director

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	07/28 /2020
Certified Title	Acting Director
Authorized Party Name	Julie Murphy

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019-annual-eeo-public-file-report-20190717- 172200633-pdf.pdf	Applicant	EEO Public File Report	2019 EEO Report	Done with Virus Scan and /or Conversion
2020 ANNUAL EEO PUBLIC FILE- REPORT.pdf	Applicant	EEO Public File Report	2020 EEO Report	Done with Virus Scan and /or Conversion
WIUM Narrative Statement Final.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion